



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
Child Fatality Disclosure Case Briefing Summary

Case Name: _____ **Case ID#** _____

County: _____

Name of Deceased Child: _____

DOB: _____ **Date of Incident:** _____ **DOD:** _____

Race of Child: _____ **Gender of Child:** _____

Placement of child at time of incident: _____

Allegations or preliminary cause of incident:

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Relationship of alleged offender to the child: _____


Legal Action by DCFS at time of incident? _____

Agency Conducting the Investigation: _____

Information on Current Open Case:

☐PS ☐FC ☐SS **Date Opened:** _____

Reason Case was opened:



Most Recent Services Provided (Last 12 Months)

Attach a summary

Dates and Purpose of Family Contact (Last 12 Months)

Attach a summary

Prior Cases:

☐PS ☐FC ☐SS
Reason for Closure

Date Opened: _____

Date Closed: _____

☐PS ☐FC ☐SS
Reason for Closure

Date Opened: _____

Date Closed: _____

☐PS ☐FC ☐SS
Reason for Closure

Date Opened: _____

Date Closed: _____

Summary of Prior Investigations:

Date, Investigator's Name and Phone #, Allegation, Finding,

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Date, Investigator's Name and Phone #, Allegation, Finding,

Primary Worker

Supervisor

Were there any other children in the home? Yes ☐ NO ☐

Number _____

Were they removed? Yes ☐ NO ☐

Date of removal: _____

Grief Services provided to other children in the home? Yes ☐ No ☐

By whom? _____

Family Members:

Name, DOB, Relationship

Name, DOB, Relationship

Name, DOB, Relationship

Name, DOB, Relationship

Name, DOB, Relationship

Name, DOB, Relationship

Name, DOB, Relationship

Medical History and Services (Last 12 Months)

Attach Summary

Mental Health History (Last 12 Months)

Attach summary

Medications

Attach list

Police Report –What LLE agency is involved?

Attach info with contact info